## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 17, 2008 8:00 am Secretary of State 03-17-2008 90012 046 \*\*\*\*61.25

| DOCUMENT # N03092  1. Entity Name TOWNHOMES AND VILLAS OF DIANA SHORES, INC.  |                                       |  |                  |   |               |   |            | 50U/                             |                                | , | 010 0           | 1.25                      |
|---|---------------------------------------|--|------------------|---|---------------|---|------------|----------------------------------|--------------------------------|---|-----------------|---------------------------|
| Principal Place of Business<br>1980 N. ATLANTIC AVENUE<br>SUITE 701<br>COCOA BEACH, FL 32931-3275   |                                       |  |                  | Mailing Address<br>1980 N. ATLANTIC AVENUE<br>SUITE 701<br>COCOA BEACH, FL 32931-3275 |               |   |            |                                  |                                |   |                 |                           |
| 2. Principal Place of Business - No P.O. Box #  |                                       |  |                  | 3. Mailing Address  |               |   |            |                                  |                                |   |                 |                           |
| Suite, Apt. #, etc.   |                                       |  |                  | Suite, Apt. #, etc.   |               |   |            | 01092008 c                       | hg-NP                          | CR2E                                    | 037 (12/06)     |                           |
| City & State  |                                       |  |                  | City & State  |               |   |            | 4. FEI Number 59-24196           | 16                             |   | <u> </u>        | plied For<br>t Applicable |
| Zip   | Country                               |  |                  |   | ntry          | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |            |                                  |                                |   |                 |                           |
|   | 6. Name                               | and Address of Current   | Registere        | ed Agent  |               | 7. Name and Address of New Registered Agent                       |            |                                  |                                |   |                 |                           |
| DAVIS, PETEY<br>1980 N. ATLANTIC AVE., #701<br>COCOA BEACH, FL 32931  |                                       |  |                  |   |               | Name Street Address (P.O. Box Number is Not Acceptable)           |            |                                  |                                |   |                 |                           |
|   |                                       |  |                  |   |               | City  |            | <del></del> -                    |                                | C:                                      | Zip Code        | •                         |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |                                       |  |                  |   |               |   |            |                                  |                                |   |                 |                           |
| SIGNATURE .   |                                       | or printed name of registered agent.   | and title if app | Dicable. (NOTI  | E: Registered | d Agent signatur  | e required | when reinstating)                |                                | CATE                                    |                 |                           |
|   | Filing Fe<br>Due by N                 | 9. Election Campaign Financing Trust Fund Contribution.  |                  |   |               | \$5.00 May Be<br>Added to Fees                                    |            |                                  | ck payable to<br>artment of St |   |                 |                           |
| 10.   |                                       | OFFICERS AND DIF   | RECTORS          |   | 11.           |   | /          | ADDITIONS/CHANG                  | SES TO OFFICE                  | ERS AND D                               | PRECTORS IN     | 10                        |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP   | STD<br>CREO, B<br>1610 JOL<br>MERRITT |  |                  | ☐ Delete  |               |   | PHI 7      | rvis, Ger<br>Hopbung<br>Dovvit A | Mace<br>Slavel                 | fl                                      | Change          | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>CREO, VI<br>1610 JOL<br>MERRITT | ="   |                  | Delete  |               |   |            |                                  |                                | ·                                       | Change          | ☐ Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 19 HEPBI                              | N, WALTER<br>JRN PL<br>ISLAND, FL 32953  |                  | Delete  |               |   |            |                                  |                                |   | ☐ Change        | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                       |  |                  | ☐ Delete  |               |   |            |                                  |                                |   | [] Change       | ☐ Addition                |
| TITLE TAME  NAME  STREET ADDRESS  CITY-ST-ZIP   |                                       |  |                  | □ Delete  |               |   |            |                                  |                                |   | ☐ Change        | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |                                       |  |                  | ☐ Delete  |               |   |            |                                  |                                |   | ☐ Change -      | ☐ Addition                |
| indicated   | on this repo                          | e information supplied with<br>rt or supplemental report is<br>ne receiver or trustee empo<br>achment with an address, v | true and         | accurate and that n   | ny signat     | ure shall ha  | ive the s  | same legal effect as             | if made under                  | oath: that                              | l am an officer | or director               |